

Trinity Christian Academy
Lower School Student Profile Questionnaire for STA

Please return this questionnaire to the Business Office.

Parent Name/s _____

Address _____ Phone _____

City, State, Zip _____ Email _____

TCA is blessed to have families who have provided endowment funds for STA. In order to best match STA endowment fund donor requests with STA recipients, check all of the following that apply to your student and family.

- | | |
|---|--|
| <input type="checkbox"/> Adopted child | <input type="checkbox"/> Involved in extracurricular activities |
| <input type="checkbox"/> Athlete _____ | <input type="checkbox"/> First time TCA student |
| <input type="checkbox"/> B+ Average or better | <input type="checkbox"/> Minority student |
| <input type="checkbox"/> Child of TCA alumnus | <input type="checkbox"/> Single father |
| <input type="checkbox"/> Child of TCA employee | <input type="checkbox"/> Single mother |
| <input type="checkbox"/> Child of TCA faculty member | <input type="checkbox"/> Student is working to help support the family |
| <input type="checkbox"/> Christian student of Asian descent | <input type="checkbox"/> Learning Lab Student |
| <input type="checkbox"/> Christian student of Chinese descent | <input type="checkbox"/> Widow |
| <input type="checkbox"/> Christian student of Jewish descent | <input type="checkbox"/> Widower |

Student Name _____
(First) (Middle) (Last) (Preferred Name)

School Attended 2019-2020 _____

Student: Male Female 2020-2021 School Year: Age _____ Grade _____

Brothers
(Names and Ages 2020-2021 School Year)

Sisters
(Names and Ages 2020-2021 School Year)

Please have your son or daughter fill out this portion of the questionnaire. You may complete it for him/her if necessary.

Lower School Student:

What are your favorite things to do after school? _____

Who is your favorite Bible character? _____

What do you like about church? _____

When you grow up, what would you like to do? _____

What do you like about TCA? _____
